

Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application.

Claims 1-14 (Canceled)

15. (New) A method of secondary cardiovascular prevention in a patient, the method comprising:

formulating a single dosage unit containing a beta-adrenergic blocking agent and a platelet inhibitor wherein the single dosage unit contains a quantity of medications sufficient for secondary prevention of a heart attack in the patient; and
administering the single dosage unit to the patient for secondary prevention of a heart attack.

16. (New) The method of Claim 15 wherein the formulating step further includes formulating said dosage unit as a once-a-day dosage unit.

17. (New) A method for secondary cardiovascular prevention in a non-hypertensive patient, the method comprising:
 - formulating a single dosage unit containing a sufficient quantity of a beta-adrenergic blocking agent and a platelet inhibitor for secondary prevention of a heart attack in the non-hypertensive patient; and
 - administering the single dosage unit to the non-hypertensive patient for secondary prevention of a heart attack.
18. (New) The method of Claim 17 wherein the formulating step further includes formulating the single dosage unit as a once-a-day dosage unit.
19. (New) A method for secondary cardiovascular prevention in a non-hypertensive patient, the method comprising:
 - formulating a single dosage unit consisting essentially of a sufficient quantity of a beta-adrenergic blocking agent and a platelet inhibitor for secondary prevention of a heart attack in the non-hypertensive patient; and
 - administering the single dosage unit to the non-hypertensive patient for secondary prevention of a heart attack.

20. (New) A method for secondary cardiovascular prevention in a non-hypertensive patient, the method consisting of:

formulating a single dosage unit consisting of a sufficient quantity of a beta-

adrenergic blocking agent and a platelet inhibitor for secondary prevention of

a heart attack in the non-hypertensive patient; and

administering the single dosage unit to the non-hypertensive patient for

secondary prevention of a heart attack.